



## Missouri Pharmacy Program – Preferred Drug List



### Oral Antidiabetics: 2<sup>nd</sup> Generation Sulfonylureas *Effective 05/11/2005*

Revised 01/04/2006

#### Preferred Agents

- Glipizide
- Glipizide ER
- Glyburide
- Glyburide Micronized

#### Non-Preferred Agents

- Diabeta®
- Micronase®
- Glucotrol ®
- Glucotrol XL®
- Glynase®
- Amaryl®
- generic Amaryl

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with documented trial period for 1 or more preferred agent(s)	Lack of adequate trial on required preferred agent
Documented trial period for preferred agent	Therapy will be denied if no approval criteria are met.
Documented ADE/ADR to preferred agent	
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030